

February 9, 1953

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

RE: Reorganization of the Operating Rooms

At their next meeting would you please discuss with the Surgical Executive Committee our plans for the reorganization of the operating rooms in order to make a more efficient and, so far as nurses are concerned, economical plan? I am sure you are aware of the reorganization pattern as it was discussed at the Administrative meeting almost a week ago. In general, however, it is this.

Miss May, now in charge of the General Hospital Operating Room, has always been particularly interested in teaching. This area is one of her strongest areas. She would like very much to move out of administrative activities to be responsible for the teaching of student nurses and aides, who are to be taught to scrub. She will have, as a teacher, a status comparable to her present status.

Miss Coghlan, now responsible for the Phillips House and Baker Operating Rooms will become administratively responsible also for the General Hospital Operating Room. As assistants she will have Miss Amin who has been her assistant in the Phillips House for some time, Miss Carten who has been the assistant, although not so designated, at the Baker Memorial, and Miss Cahill, a graduate who many of the men will know, who was formerly one of our best scrub nurses in the General Hospital, and who has just returned from California where she has been having additional operating room experience. Miss Pingree, now the assistant in the General Hospital, will remain as a second assistant in the General Hospital. If later on the Baker and the Phillips House should be combined physically, as well as administratively, Miss Amin being the senior of the two assistants in the private rooms will become senior assistant in the Baker Memorial.

The date has not been set for this change. At the present time Miss Cahill has spent about a week in the Baker Operating Room with Miss Coghlan, and will return shortly to the General Hospital Operating Room. The week of Monday, February 9th Miss Coghlan will begin to observe and study the General Hospital Operating Room plan. She is very much aware of the fact that the General Hospital Operating Room must provide educational experience for interns and residents. During her time of observation she

will be watching for the differences which this requirement makes in the General Hospital, in order that any plan which may be developed later will not in any way hinder the educational programs of the men. With the experienced assistants in the three different building, and with Miss Coghlan's insight into the needs of operating room situations, we hope very much that the change can be made without disruption of schedules or other difficulties. Miss Lepper is working with Miss Coghlan on the over-all plan, and if there are questions Miss Coghlan, Miss Lepper, or I will be glad to talk the matter over with any of the men who might like to discuss it with us.

I am sure the men in the General Hospital Operating Room will be glad to know that we have now hired two additional nurses to fill two of the several vacancies which had existed there for some time.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

CONFIDENTIAL

July 2, 1953

MEMORANDUM

TO: Dr. Beecher
FROM: Miss Sleeper

Dr. Clark has referred your memorandum on salaries for nurse anesthetists for my consideration. I am in complete agreement with the need for increases in nurse anesthetists' salaries. The rates you have suggested certainly are in line with other New England hospitals and so seem reasonable for the NGH.

The question of the hour schedule for nurse anesthetists presents another problem. It is our hope that the nurses may move into a 40 hour 5 day week schedule about the 17th of August. However, all nursing units must be covered and in some instances the hours must be over 40 and the week 5 1/2 days long.

Nurse anesthetists on the present schedule have been booked for 46 hours. However, some weeks the hours were occasionally fewer and almost never were they more. The nurse was paid according to hours worked. There is a rotating period of evening and night assignment but nurse anesthetists here have no call, and those on days are always off on Sunday. This is in contrast to nurse anesthetists in other hospitals on your list who are on call 2 or 3 nights weekly and work every 2nd or 3rd Sunday.

The nurse anesthetist on the proposed pay schedule will equal or outrank most supervisors in pay, so I have in my thinking considered the nurse anesthetist with the supervisor in privileges. I should like to suggest that her hour schedule also be the same; i.e. a forty hour schedule planned if possible to meet the schedule in five days. If overtime is necessary to meet the schedule the overtime to be done without added pay.

I believe we could hold the line with this salary increase if there were no overtime pay added to it. If overtime pay is added I cannot agree in all fairness to other groups which now are equally scarce and equally important.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:HF

c.c. Dr. Clark
Miss Lepper

*Miss Copelet
Please return
to E.H.*

CONSULTATIONS BY APPOINTMENT
TELEPHONE LAFAYETTE 3-8200

*Re: did you section
E.H.*

OLIVER COPE, M. D.
MASSACHUSETTS GENERAL HOSPITAL
BOSTON, MASSACHUSETTS

*✓ Croo
Infection*

502

21 September 1954

*Wm. under section
this morning
502*

MEMORANDUM

To: Dr. Perry Culver, Chairman
Committee on Infections

From: Oliver Cope, M.D.

In the last two days serious examples of lack of understanding of infections precautions have been encountered on White 12 and on a floor at the Baker. Immediately prior to the dressing of open burn wounds the rooms have been cleaned using a dry brush. This approach stirs up the dust and bacteria from the floor. Dry dusting instead of wet mopping and oil mopping of rooms and corridors has apparently become the rule.

These examples are two of many in which I find disregard of elementary principles in antibacterial precautions throughout the hospital. The nurses say that no attention has been paid recently to such matters and they are obviously at a loss to know what is considered the proper technique. I would not bring this matter up at this time had there not been recent examples of cross contamination and unnecessary contamination in what should otherwise have been a clean wound in burned patients.

Will you please give this matter your prompt attention? I am ready at any time to talk to you about this.

Oliver Cope, M.D.

C:1

cc: Drs. Clark
Bauer
Churchill
Shaw
✓ Nursing Supervisors
Housekeeping Department

Massachusetts General Hospital

The Baker Memorial

Boston 14

IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL
BURNHAM MEMORIAL FOR CHILDREN

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

Dear Doctor:

This is a letter to thank you for your efforts in regulating census for the past 18 months. During these 18 months when the hospital was considered a single unit for the purposes of admission and treatment your efforts increased income sufficient to accomplish the following:

1. It allowed the hospital to guarantee admission to all patients no matter in what economic category and whether or not one Service or one building had used its allotted beds.
2. It allowed the hospital to eliminate all financial barriers to the admission of indigent patients to the ward beds thereby stopping temporarily the trend downwards in the number of ward patients.
3. It afforded the hospital sufficient income finally to put all personnel on a 40 hour week.
4. It allowed a quicker tempo in the replacement and addition to the professional equipment and professional facilities of the hospital.
5. It has allowed us to go since December 1951 without increasing rates, while rates have been increased by almost every other hospital in Massachusetts.
6. It kept the deficits to reasonably low amounts.

The income necessary to accomplish these results exceeded \$10,000 a week. This amount was procured as a result of the increased census produced by your efforts coupled with the policy of considering all units and services in the hospital as one unit.

From a financial viewpoint, the coming year, starting as of October 4, 1954, bears little resemblance to the past three years. We have projected in our budget an extremely large deficit in spite of making changes in the charge system of the Operating Rooms to reduce their large annual deficits. The Operating Rooms have been subsidized at the rate of \$200,000 a year or \$15.00 an operation. In theory, although probably not in practice, it might be possible to eliminate some of this loss by further consolidation of operating rooms, extension of daily operating time, reduction of expenditures for improvements and more rigid adherence to schedules. For many

reasons, however, these alternatives are difficult to achieve and in some instances are not desired by the Staff.

A subsidy which also directly concerns you is the parking subsidy. In order to alleviate parking problems of the past two years, we have, in addition to enlarging parking areas, spent about \$30,000 this past year in garaging over 100 automobiles of the House Staff in the Cambridge Street Garage. In order to reduce this subsidy we have arranged through new management to provide complete servicing and repair of automobiles at reasonable prices. This allows our personnel and Staff to leave their automobiles in the garage for servicing on the way to the hospital and pick them up completely serviced when they leave. Your patronage will help reduce the subsidy made necessary by removing cars from the parking areas.

The new construction between Phillips House and Baker is now starting. Bulletins on the purpose and progress of the work will be distributed to patients in both buildings in hopes that some of the irritation they may feel at the confusion and noise of construction will be replaced by interest. Fortunately, both buildings have a double set of windows in each frame as an insulation against noise. Most hospitals have found that construction noises do not disturb the patients as much as one would expect. Were it otherwise a simple 10% reduction in the Phillips House and Baker census would immediately eliminate the \$10,000 to \$12,000 a week now produced by your current efforts in maintaining the census.

A comment of appreciation should also be made concerning the number of patients referred to the House Staff by many of the Visiting Staff during the past year. During the period of January through April a study revealed that approximately 5% of the patients were referred for service care by MGH staff alone. About 10% of the Staff were represented by multiple referrals. Since financial barriers to admission on the wards have now been virtually eliminated the future effort to maintain the teaching status of our Service depends greatly on those of you who are constantly considering the needs of the Teaching Services. Unlike your efforts in regulating the census of the Baker Memorial and Phillips House this effort cannot be monetarily measured or results listed so exactly. It is, however, just as great a contribution to the future of our hospital and is appreciated by all concerned.

Sincerely yours,

E. T. Neumann
E. T. Neumann, M. D.
Administrator

ETN:sgd

October 28, 1954

Massachusetts General Hospital

Boston 14

APR 8 1955

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

April 7, 1955

Dear Doctor:

This is another brief report on the progress made at the Massachusetts General Hospital by the Staff's coordinated effort in regulating the patient census. Accomplishments to date have been as follows:

Room rates have remained the same since 1951 although almost all other hospitals have had increases; enough money for free service has become available to reverse the downward trend on most of the teaching services; more money has been devoted to bettering professional standards; higher salaries and shortened work week for all personnel have put the hospital in a good competitive position with industry's current salary level; no destructive deficits have occurred during this period.

Your steadily increased effort has meant an additional \$350,000 a year by achieving a 3% to 5% annual increase in the utilization of our beds. You will be pleased to know that there is much more that can be accomplished by this method in that the hospital had only an 82% average census last year. With a budget increase of \$400,000 this year and with the hospital still running at a break-even point, it would appear that you are again adding another 3% to 5% to the effectual usage of beds. This was particularly noticeable in the success of your efforts to regulate census during the Christmas holidays.

I would like to call your attention to two factors adversely influencing the efficient utilization of the hospital. The first of these is the extremely heavy admission of patients at the beginning of each week with the steady drop-off day by day for the remainder of the week. Many physicians and patients seem to believe that this method saves money for the patient. Actually it is costing each patient more than a dollar a day. The weekly fluctuations in census often exceed 15% or 20% of the average daily census and this produces an inefficiency costing a quarter of a million dollars a year.

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
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DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

December 16, 1955

ADMINISTRATIVE LETTER

DEC 19 1955

Dear Doctor:

This is a letter of appreciation and a report of the problems to be faced next year.

For four years your cooperation has allowed the M.G.H. to utilize more fully its facilities and personnel. During this time salaries for both professional and non-professional workers have increased approximately 30% without any raising of individual room rates. At the same time deficits have been very small. This has been particularly remarkable when you consider the expansion in range of activities and in the physical plant.

One of the hospital's greatest assets during this period has been your good natured tolerance of the adjustments made necessary by this expansion with its crowding of cafeterias and parking lots; your adjustment to the integration of facilities necessitating the boarding of patients in different buildings and tighter scheduling in the operating rooms; your adjustment to the care of polio patients involving the loss of private beds; and your adjustment to the new construction with its necessary noise and continuous alteration of Baker facilities. With personnel overly fatigued this Fall and the activities of the hospital at a record high level your collective attitude of moderation and equanimity carried the hospital through some of its roughest weeks.

Although our salary levels have advanced more rapidly than in industry and in most other hospitals during the last four years, it is the opinion of both the Department Heads and the Administration that wages this year will have to rise at a still faster rate. Adding the wage increases given in the last three months to those contemplated in the next nine months we may have an increased cost of one million dollars. When you realize that a \$2.00 room rate increase nets only one third of a million dollars you easily recognize the enormity of the current wage inflation in that this is equivalent to a \$6.00 increase in room rents. The fact that it took four years to absorb one and a half million dollars in wage increases and an additional half million dollars in free service indicates how difficult if not totally impossible it will be to absorb this wage inflation in a period of only one year without some increase in room rates.

Although a large room rate increase is inevitable in all hospitals that intend to keep their organizations intact, the morale and pride of a large number of people in this organization would be hurt by any rate increase which would appear to be a defeat after holding the same room rates for four years. The ideas which have been suggested to lessen the effect of the enormous wage increase are as follows:

1. Replace as rapidly as possible those beds which have been lost in the Baker building due to the new construction. This loss of a quarter of a million dollars per year is now being rectified as evidenced by the current construction on the Baker porches.

2. Reopen all closed beds in the Baker and the White Building in order to meet the increased demands from January through July. We have hopes of accomplishing this.

3. Increase the utilization of the beds now in use by further integration and changes in the General Hospital admitting and discharge policies. Our traditional procedures and the fact that we reached $92\frac{1}{2}\%$ average occupancy last year makes the rapid accomplishment of this solution extremely difficult. The fact also that waiting lists during busy months are necessary to obtain a considerably higher percentage of occupancy is an undesirable factor.

4. Invest greater amounts of money in mechanization in non-therapeutic activities such as clerical work, transportation of supplies, dishwashing, etc. Although our opportunities are limited and we cannot approach the type of automation which pays for half of the increase in industrial salaries each year, we do intend to work harder in this area and probably will have to invest funds at a much more rapid rate for this purpose.

5. Improve our systems, procedures and methods so that more is accomplished with less effort and at lower cost. This demands the training and assignment of a number of people in various departments to this work exclusively. It also requires the consolidation of their efforts and the use of one or more people experienced in industrial engineering. Since invention and inauguration of each new procedure and method involves considerable individual and inter-department adjustment we are perhaps guilty of going more slowly than we should.

Although there have been other suggestions, these are the more important ones to keep patient costs as low as possible in the future. Should we go in these suggested directions your interest and understanding of the efforts of the people involved in such work would play a large part in their success. Should we find ourselves no longer successful in meeting wage increases by comparable savings you will find this hospital increasing its room rates in line with recent room rate changes in other hospitals.

Although it is probably unnecessary to repeat previous letters, I would like to remind you again that our occupancy for the next month through the holiday period will have considerable bearing on the income necessary for the remainder of the year.

ETN:sgd

Sincerely yours,

E. T. Neumann
E. T. Neumann, M. D.
Administrator

Merry Christmas and a happy New Year.

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

June 19, 1956

MEMORANDUM

TO: The Administrative Committee

FROM: Ruth Sleeper

When the first budget was prepared for 1955-56 three instructors were requested for the practical nurse affiliating program. This plan was made because we expected three classes during the year. Before the budget was completed plans changed at Household Nursing, making the situation appear less urgent, and the request was changed to maintain the status quo - that is the customary two instructors.

Now Household Nursing has moved into its new schedule and we shall receive a third group of students in August, bringing our number to approximately 40. These students will be distributed on 3-4 floors, including pediatrics at times, and three teachers are necessary to carry both the classes and the bedside nursing care activities. In these full floors at Baker young practical nurse students need a great deal of help. Given this they make a good contribution.

To our surprise we have two very acceptable nurses applying now for the position of instructor.

One should have a salary of \$4,100 which is the same rate now paid to Mrs. Anderson who is leaving. She is available in September and is a relief head nurse in Baker this summer.

One has less experience and should have \$3,500. She is available July 1, and so would help during July when one teacher is on vacation and in August when one has resigned.

May we have authorization for a third instructor for practical nurses as of July 1, 1956?

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

July 3, 1956

MEMORANDUM

TO: Administrative Committee
FROM: Ruth Sleeper

It would appear that we could now secure two clinical instructors in surgical nursing. One is necessary to fill the vacancy of Miss Felcquin who has been given a fellowship for study at Boston University. I should like to recommend the second be employed to relieve two supervisors of formal teaching functions in the School of Nursing - a time-consuming and demanding distraction from the necessary functions of administrative supervision. This new instructor, if authorized, would take over the teaching in urology and gynecology. It would free Miss Parkhurst who could then help with pediatrics until we find the right supervisor to fill the vacancy there. It would also free Miss Grogan for more time on White 10, and especially in Overnight and Emergency Wards. The additional salary needed would be from \$4100 - \$4500, depending upon the experience and readiness of the new-comer.

Will you please notify me on the carbon copy of this letter what the Committee's decision is, in order that we shall know how to proceed?

RS:BF

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

May 7, 1957

TO THE HOUSE STAFF:

There was so little time at Dr. Clark's meeting on May 6 to talk about some of the areas in which doctors and nurses could work together to save time. However, perhaps this was just as well since the best planning usually takes place on the ward when the doctor or doctors involved can plan directly with the nurses concerned.

On May 6 I met with over 200 nurses; staff nurses, head nurses, supervisors, assistant directors of nurses, from all in-patient units including the operating rooms. Our question was of course how we could save enough time of nursing personnel on all wards to enable us to subtract a nurse, a practical nurse, an aide, from one ward or another to open White 8. This question is especially difficult at this time, because the spring always brings a flurry of resignations.

Would you talk with your head nurse and supervisor to see what plans might be made on your ward about such items as the following:

1. Planning for the elimination of all except emergency orders, tests, physical examinations, after 6 p.m.
2. Ordering special medications not kept in stock on the ward before the Pharmacy closes at 5 p.m., or delaying the order when safe until the following morning.
3. Announcing the pending discharges 24 hours in advance with the understanding that patients will leave the Hospital by 11 a.m.
4. Combining several doses of medication into one whenever this is not harmful to the patient; i.e. vitamins, etc.
5. Planning the work in such a way as to avoid the heavy rush of orders, treatments, and tests on Saturday morning.
6. Scheduling operations on patients who must be specialled before Friday.
7. Transferring patients from Overnight Ward to other wards before 6 p.m.
8. Reducing orders to take blood pressures to a safe minimum.
9. Considering how much more patients can do for themselves.
10. Writing all orders.
11. Encouraging nurses to stay at MGH instead of moving to other hospitals, and encouraging married nurses whom you know to come to work with us.

12. Understanding when all orders cannot be carried out, and helping the nurses to select those orders which are of critical importance to the patient's welfare.

I have not tried to interpret these statements here. Your head nurse and supervisor can tell you why all these are time saving steps, and why each will help.

As I told you at the May 6 meeting, if Nursing could have opened White 8 without this special assistance and understanding it would have been opened last fall.

If we can have your help now we will do our best to get these beds open.

Ruth Sleeper

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RC:ET

Massachusetts General Hospital

Boston 14

Notes

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

May 8, 1957

To the Members of the Visiting Staff:

To help to meet the Hospital's emergency need for beds the Nursing Service has offered to try to open White 8 on May 8. However, the Nursing Service has also tried to make clear that this offer can only be implemented if Nursing can have the most complete cooperation of all members of the Medical Staff, both Visiting and House Staffs. If Nursing could have managed to spread its staff thin enough to be safe we should have been glad to do so long ago. Now we are to try at the very season when vacations are due and resignations are at a maximum.

On May 6 Doctor Clark met with the House Staff and the Chiefs of Service. On that same day I met with over 200 staff nurses, head nurses, supervisors, and assistant directors of nursing to discuss ways and means of maintaining safe but minimal care. As a follow-up of these meetings I am now sending the enclosed suggestions which came from the nurses' meetings to every member of the House Staff and to you. Many of these suggestions are typical of ways in which time might be saved. Many of these items are also suggestive of ways and means of saving time in the private services which will be equally affected by the summer shortage.

Nursing would be most appreciative of anything you can do to help the patient understand the situation; to reduce orders if and when possible; to send in admission orders or write the orders on the afternoon of the patient's arrival, thus eliminating any except emergency orders in the evening on the day of admission, as well as on other days; help discharged patients to move out promptly in the morning; in short to facilitate the management of floor activities in whatever way is appropriate for your patients; and as you always can do, maintain the equanimity which is so necessary to steady the personnel.

Ruth Sleeper

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

All of this is especially crucial this year when the Hospital is facing much the largest deficit in recent history. To reduce this to a minimum we shall try to keep all floors open all summer and be in a position to guarantee admission, without waiting, to all your patients. We urge all of you to schedule vacations and patient admissions to keep occupancy as level as possible during the summer months.

Dean A. Clark
Dean A. Clark, M.D.
General Director

✓
September 4, 1957.

Memorandum:

To: Dr. Vernon Swartz
Dr. Perry Culver
Miss Ruth Farrissey
Dr. John Reeves

At the meeting of the General Executive Committee held on August 14, 1957, there was discussion of the report of ad hoc Committee on Detection of Tuberculosis. The recommendations of the Committee were approved through Section III, 1 and 2, and the following measures voted for the staff nurses:

- ? annual —
tuber. tests
1. Tuberculin test.
 2. Chest x-ray every year on tuberculin positives.
 3. Chest x-ray every three years on tuberculin negatives.

Any who convert from negative to positive tuberculosis should be immediately treated as a patient in the Staff Clinic with such measures for diagnosis and treatment as are deemed appropriate by the physicians there.

Dean A. Clark, M.D.,
General Director.

and:
C.C. Dr. Bauer
✓ Miss Sleeper

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

May 24, 1958

MEMORANDUM

TO: Administrative and Teaching Staffs of the Nursing Department

FROM: Miss Sleeper

Last year I became very concerned over the civilian clothes worn by nurses while on duty in the Hospital. The School of Nursing and the Nursing Service have felt that street clothes were appropriate when nurses were working away from patient areas, but that only the uniform, or, in rare instances, well chosen street clothes with long white coat, should be worn in wards or clinics. Good form in street clothes for work anywhere in the Hospital avoids sleeveless or very low neck dresses, and excessively thin dresses and blouses without adequate slips. Stockings should always be worn.

Will you please help us and encourage others to maintain appropriate standards?

RS:BF

September 5, 1957

Dean A. Clark, M. D.
General Director
Massachusetts General Hospital

Dear Dr. Clark:

Will you please express to the Trustees the appreciation of the nurses for the generous increases which became effective September first? The total number of full time nurses employed to come to work during the months of September and early October has now reached 107. This is the most gratifying response we have had for several years. If we can judge by our own September graduates, over two thirds of whom are coming back, the salary increase has had a very significant influence in enabling us to secure this number.

We hope now that the other changes which we have instituted in the last few years will help us to retain the nurses, and so continue to build a stable staff.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:EF

Massachusetts General Hospital

Boston 14

OCT 18 1959

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IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

October 17, 1959.

Memorandum:

To: Miss Sleeper

At the meeting of the General Executive Committee, held on October 7th, with regard to Standing Orders being given on certain Services for nurses to perform manual disimpaction and give cathartics at their own option, it was

VOTED: To disapprove such Standing Orders and Dr. Clark was requested to prepare a suitable memorandum to the Staff and House Staff.

Dean A. Clark
Dean A. Clark, M.D.,
General Director.

arm:

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

June 25, 1959

MEMORANDUM

TO: The Faculty
FROM: Ruth Sleeper

At the time of the last Faculty Meeting it was not possible to tell you the changes which are going to occur during the coming year. Before I leave for vacation, however, I do want you to know about them.

As you know, Miss Petzold and Miss Cote expect to go to school this fall. They will both be on leave of absence until either the school year or the Master's is completed. Returning to us is Miss Cushman, who will have finished the work for her Master's. She will come back about the middle of the summer. Returning also is Mrs. Horton as Instructor in Social Health Aspects and Coordinator of Second Year Instruction.

Miss Gustafson, Mrs. Sandin, Miss Shriver, Miss Stewart and Mrs. Toll are leaving.

Coming new to us are Miss Dorothy Taylor and Miss Florence Green, Master students this past year at Boston University, for Nursing; Miss Diane Floyd and Miss Barbara Frank, new MGH graduates, as Internes in Teaching Nursing; Mary Charlotte Bayles, now Mrs. Shealy, as Interne in Teaching Science; and Miss Ellen Jebb, now a staff nurse in the Baker Memorial, as Interne in Teaching Pediatrics.

Miss Vinal will act as Senior Instructor of Fundamentals of Nursing during Miss Petzold's absence, and Miss Horton will become the Coordinator of First Year Instruction for this period of time.

Best wishes to you all for a good summer wherever you may be, on vacation or at work.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
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DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

April 14, 1959

TO: The Visiting Staff, Residents, and House Officers
all wards, patient floors, and clinics

RE: Verbal Orders

On many of the wards and patient floors there seems to be an increasing tendency for doctors while on the ward or floor to give verbal orders both for medications and treatments. May I ask your help to halt this trend, and to reestablish the safeguard which requires that all medical orders be written?

The staffing of our wards today is extremely complex. Since the first of the year the daily patient census has varied from 697 to 937, and the number of patients admitted weekly from 457 to 607. Fluctuation in the intensity of patient illness also varies widely from day to day. The necessity of maintaining a comparatively large evening and night staff, the constant rotation between day, evening, and night duty, the attempt to provide consistent ward coverage by the use of nurses who because of family responsibilities must work limited hours, are some of the factors which contribute to the instability of the nursing staff. In addition, we always have large groups of young student nurses who are in the beginning stages of learning patients' needs, doctors' orders, and ward routines.

On some small wards the head nurse, or charge nurse, may have as many as 26 different people on her staff who must be kept informed; on some large wards the head nurse may be responsible for 40 or more when the young student nurses are included. It is impossible for any one person to keep even 10 workers informed by personal or verbal contact when those workers are spread over a 24-hour day, a 168-hour week. Therefore, written communications or orders are an obvious minimum necessity. I feel that I cannot, and should not, accept the responsibility of attempting to provide safe nursing care without written orders for medical care.

Nursing personnel enjoy cooperating with the Medical Staff; all dislike to refuse to accept an order from a doctor when he is in a hurry. However, for the safety of the patients, the reassurance of the Medical Staff that orders will be carried out, and the protection of the nursing personnel against error, I am asking all members of the Medical Staff to write all orders. I am also asking head nurses to instruct their personnel that no verbal orders are to be accepted and/or carried out, except in emergencies or at night when the patient's condition or his particular orders do not require the presence of the doctor in charge.

Ruth Sleeper

Ruth Sleeper, R.N.
Director, Nursing Department

RS:BF

Massachusetts General Hospital

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Jan 10, 1917

The Medical Staff, President, and House Officers
All other persons, friends, and visitors

General Orders

No part of the work and patient illness were seen to be an interference
feeling for doctors while on the ward at first to give relief, others felt
for education and treatment. They were soon able to take their place and
to establish the safeguard which required that all medical work be done

The setting of our work was to be entirely complete. Since the first
of the year the daily patient census has varied from 800 to 900, and the number
of patients admitted weekly from 100 to 150. Attendance in the hospital is
highest in the winter months when the weather is cold. The number of patients
is a comparatively large number and night staff, the constant presence of
day, evening, and night staff, the attempt to provide constant care, covering
the use of nurses who because of their qualifications must work limited hours
and some of the factors which contribute to the intensity of the nursing staff.
In addition, we always have large groups of young students who are in a
beginning stages of learning medicine, surgery, obstetrics, and other branches

On some small wards the head nurse, or charge nurse, may have as many as
25 different people on her staff and she is kept informed on every little thing
the head nurse may be responsible for 10 or more when the young students are
are included. It is impossible for any one person to keep even the most
formed by personal or verbal contact with those nurses who are on duty at 10-12
day, a 10-hour week. Therefore, the administration of the hospital must
provide a minimum necessary. I feel that I cannot, and would not, assume the
responsibility of attempting to provide this nursing care without serious effort
for medical care.

Having personnel who are responsible with the medical staff, all efforts to
better to accept an order from a doctor when he is in a hurry. However, the
of the patient, the treatment of the patient, the patient's welfare, and the
carried out, and the protection of the nursing staff against error, I am not
of the medical staff to write all orders. I am also writing and
nurses to instruct their personnel that no verbal orders are to be accepted except
written and, except in emergency or at night when the patient's condition is
particular orders do not require the presence of the doctor in charge.

But Shaffer

John Shaffer, M.D.
President, Medical Staff

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Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

April 18, 1959.

Memorandum:

To: Visiting Staff, Resident Staff,
all Wards, patient floors, and Clinics

From: General Executive Committee

The General Executive Committee, at its meeting of April 15th, expressed its appreciation to Miss Sleeper for showing it her letter to the staff concerning the need for all physicians' orders to be put in writing.

The Committee unanimously concurred in Miss Sleeper's request and urges all physicians to comply with it.

The Committee wishes to point out to the members of the staff that if they do not put their orders in writing they jeopardize not only their patients' care but also the accreditation of the Hospital.

Dean A. Clark
Dean A. Clark, M.D.,
General Director.

dac:arm

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT



MEMORANDUM

September 23, 1958

TO: ALL WARDS
ASSISTANT DIRECTORS OF SCHOOL AND NURSING SERVICE
MISS DORMIN, MISS TAPIER, MISS BROWN

FROM: RUTH SLEEPER

I am very disturbed to see the number of Hospital items which are being taken to the rooms and apartments of student and graduate nurses.

A young woman in school or at work in a business or other professional field does not expect the school or employer to furnish her with pens, paper, pencils, soap, medicines, items of clothing or other items for personal use. No business could afford this drain. Obviously, neither can the MGH afford such expense, since we are struggling to avoid a large deficit in our budget and to have sufficient funds for employment of all types of personnel needed. But supplies are being taken from the wards.

I am asking head nurses, supervisors, teachers, and all assistant directors in the Nursing Department to begin a real drive to stop such losses. E.g.; notes on Hospital stationery are not to be accepted. Student nurses found with Hospital supplies in their possession are to be sent to me. Employed personnel are to be sent to the assistant director of nurses in their building.

This is a serious situation and a very unfair one to the Hospital. Please help us to make it right.

Miss Lepper

MASSACHUSETTS GENERAL HOSPITAL
NURSING SERVICE

March 4, 1959

MEMORANDUM

To: Assistant Directors of Nursing Service

From: Miss Lepper

Re: Policies for employment and payment of staff
nurses employed as private duty nurses

Please file with employment policies and give
one copy to your secretary.

1. Nurses on the Hospital payroll who work on their off duty time as private duty nurses caring for patients in this Hospital are to be paid the current private duty rates by way of a private duty nurse voucher.
2. When special nurses are requested for private patients, and it is possible or desirable to assign a nurse on the Hospital staff during her regular hours on duty, the nurse will be paid at the rate of her regular hospital position, and will remain on the payroll of the unit in which she works.
 - a. The hours she spends in private duty will be charged to:

Exchange account #2-12-152 for Phillips House patients
Exchange account #2-12-153 for Baker Memorial patients
 - b. The patient will be billed at the current private duty rate.

Massachusetts General Hospital

Boston 14

IN BOSTON
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VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN BELMONT
MCLEAN HOSPITAL
ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

May 22, 1961

To: All Members of the Visiting Staff
Board of Consultation and House Staff

From: Dean A. Clark, M.D.
General Director

Dear Doctor:

Last October, you will recall, the Staff was asked to help keep the beds filled in order to relieve a critical financial situation. Your efforts, in response to this request, greatly improved occupancy, with the result that the hospital's fiscal position is excellent at this time. Census has far exceeded estimates, particularly on the wards. (Incidentally, this is true of practically all the hospitals in this area).

Now the Massachusetts General Hospital is faced with another temporary but serious problem of different nature. Beginning June 1, we will be unable to staff all of our 960 beds.

In spite of the fact that we began the year with more nurses than ever before, attrition and unavailability of replacements has reduced our nursing staff to well below budgeted quotas. We know that it will substantially worsen by June 1. We are taking all possible steps to improve the situation. We are hopeful that this can be done by early Fall.

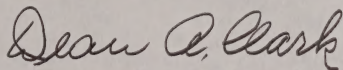
In the meantime, we are compelled, beginning May 28, 1961, as a temporary measure, to close some nursing units and curtail others, with a resulting reduction of capacity by some 100 beds, about equally divided between the Services and the private side. This should cause no hardship during the customary Summer lull. However, the bed situation will probably be so tight in June as to require that less urgent cases be placed on waiting lists.

Because of this disturbing situation we are initiating a thorough study of our staffing pattern and of the functions of the various floors, with a view toward designing a plan for preventing the occurrence of these crises of occupancy in the future and for making more satisfactory use of the total resources of the Hospital.

Meanwhile, it would be helpful in our efforts to keep a balance between beds and demand if you would schedule as many as possible of your elective cases for the slack season, roughly July 4 to October 1. It would also be helpful in planning if you would notify me as soon as possible as to your vacation schedule.

We are sure that, as always, you will understand the problem and that together we will work it out. Your comments and suggestions will be welcomed.

Sincerely yours,

A handwritten signature in cursive script that reads "Dean A. Clark".

Dean A. Clark, M.D.,
General Director

dac:tw

R.S.

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
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ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

July 1, 1961

Dear Doctor:

As is my custom each year I am writing to the Staff early in July, reporting on the condition of the Hospital and commenting on plans for the coming year. This is an ideal time to do so because June normally ends the high winter census (not so this year, however) and the financial situation for the fiscal year (which ends September 30) is already well determined. Decisions must now be made concerning the expected income for the next year so that the budget for personnel and equipment can be computed for the approval of the Board in September.

Our figures now show us to be as far in the black as we were in the red last year. There are two principal reasons for this. First, our census forecast made last October 1, based on the occupancy rates of previous years, turned out to be too low. Second, because of the relatively low expected census it was necessary to ask every department to cut back on personnel. This meant not employing nurses, accountants, technicians, and clerks when they were available last Fall. With your successful efforts to increase the census and with this stringent employment policy the Hospital maintained a stable financial position during the first fiscal quarter (October-December) and did not have to go to the banks to meet payrolls as did two nearby hospitals. January and February followed the customary patterns except for the General Hospital census, which reached a new high with a resultant drop in surplus beds for boarding private patients.

In March, for the first time in at least ten years, we did not get the seasonal drop in census which in the past always allowed a breathing spell for the personnel in radiology, nursing, accounting, medical records, and the laboratories. No one with whom I talked felt that the census would possibly continue at such high levels for more than another week or two. But what actually happened? In March and April all units of the Hospital hit new highs in patient census for the entire

history of the MGH. There were many days on which there were 200 more patients in the Hospital (almost equal to the total capacity of many another Boston teaching hospital) than at the same time last year. This went on for eighteen weeks. Even now, with some 100 beds closed, we are averaging 50 more patients per day than we did at this time last year when all beds were open. But this Spring very little experienced help was on the market for employment to aid our existing personnel who were getting more and more fatigued in attempting to carry the load created by this extraordinary situation. Resignations or talk of resignations appeared. Promises from Administration and Department Heads that relief would come in the form of reduced work load through the normally seasonal reduction in census became less and less of a palliative.

Probably we would have been able to carry on had not the other hospitals also filled their beds. At that point our Emergency Ward, so well publicized during our 150th Anniversary, became an inviting open door for the emergency cases of any physician unable to admit to his local hospital. Just as with the Polio Epidemic, this unmet community need brought us face to face with the implications of the open door aspects of our admitting policy of which we are all so justly proud.

On the Monday of the second week in May, we were dismayed to find the hospital 104% occupied and our scheduled patients not yet admitted. With tension mounting perceptibly and morale faltering, for the first time in my experience here, we had to admit that the situation was beyond the capability of our limited personnel. You know the remainder of the story and of our quick attempts to rebuild morale and consolidate and reduce the patient load. We feel that we acted quickly enough to preserve morale and indeed no large numbers of resignations did occur and we have even been able to employ a few additional people.

Looking back over this past year, I wish that we had had the rash daring to predict something close to the patient demand which erupted this Spring and had written a budget based on such a prediction. I am sure that you would have appreciated a letter warning you of the budgeted understaffing of the Hospital which might eventually force us to close beds if the overload continued. But no such warning was issued because our past experience made us confident that the overload would not continue and that reduction of beds would not be necessary.

Currently, our patients are almost all emergency problems and we are making slight headway in clearing up the backlog of your elective patients. It is my hope that the Emergency Ward's

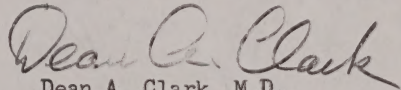
disproportionate demand for our hospital beds will slow up as other hospitals find available beds. Usually the July 4th holiday provides the break which allows our facilities to be repaired and repainted as now planned for in the Phillips House and White Building this year. It may actually be that the demand will drop so precipitously as to start our financial worries again.

A Study Committee will soon be appointed to assist the Administration in finding methods for more accurately predicting census or, if this is not possible, for providing methods whereby a high steady census may be guaranteed. There is obviously great difficulty in either of these assignments, but we hope to learn how to obtain more accurate judgments about this critical problem. Because of the large size and extraordinary activity of this Hospital, an error in forecasting census by 10% on the low side reduces the next year's budgetable income (upon which we have to base our employment policy) by more than \$1,000,000. By the same token, an error of 10% on the high side, followed by employing more personnel than actually turns out to be needed, can increase our deficit by the same amount.

Needless to say, we should greatly appreciate any suggestions you may have regarding this difficult problem of forecasting. Meanwhile, please again follow your usual helpful practice of spacing your summer vacations so as to create as even a flow of admissions as possible during the next few months.

Have a good summer. Best regards.

Sincerely yours,


Dean A. Clark, M.D.,
General Director.

DAC:mph

P-116: 1-D/13-186 Superintendent of Nurses

II School of Nursing

